

# CERTIFICATE OF BIRTH

County of Wilcox STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

~~11089~~

Inc. Town of ..... Registration District No. 22-14 Registered No. 18  
(For use of Local Registrar)  
City of ..... (No. .... St. .... Ward ....)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. S. u. Farr Wyman. } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *Girl* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *Yes* (7) DATE OF BIRTH: *Apr 12, 1965*  
(Name of Month) (Day) (Year)

# FATHER.

(8) FULL NAME Columbus B. Wynn

(9) PRESENT POSTOFFICE OF FATHER Greenville, R. F. D.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (Years)

(12) BIRTHPLACE Greenville Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 6

**MOTHER.**

(14) NAME BEFORE MARRIAGE *Civil Burdine*

(15) PRESENT POSTOFFICE OF MOTHER *Greenville R. 7. 2*

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *39* (Years)

(18) BIRTHPLACE *Greenville Ga*

(19) OCCUPATION *House Keeper*

(21) Number of children of this mother now living, including present birth *0*

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Alive at 12 M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) ... *B. J. Brockman Jr.* ...

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

ay 9 1913

J. Van B. Hunter  
Registrar

(26) Witness .....  
(Signature of Witness necessary only  
when question 23 is signed by mark)

(27) Filed Apr. 24, 1915... (28) John B. Hester.....  
Local Registrar.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

FORM NO. 1  
MAGNET RESERVE FOR FINDING.

6.26

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED

# SAFETY